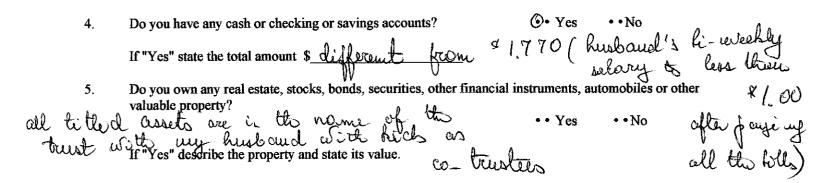
FILED

AO 240 (Rev. 10/03) DELAWARE (Rev. 4/05)

UNITED STATES DISTRI DISTRICT OF DELA	
NINA SHAHIN, Plaintiff	
	PPLICATION TO PROCEED
	VITHOUT PREPAYMENT OF
STATE OF DELAWARE	FEES AND AFFIDAVIT
Defendant(s)	ASE NUMBER: 7 - 0 4 3
I, Nina Shahin, Plaintiff de	clare that I am the (check appropriate box)
• Petitioner/Plaintiff/Movant f • Other in the above-entitled proceeding; that in support of my request to proceed to pay the costs of these sought in the complaint/petition/motion.	
In support of this application, I answer the following questions under the you currently incarcerated? • Yes • No	(If "No" go to Question 2)
If "YES" state the place of your incarceration	
Inmate Identification Number (Required):	
Are you employed at the institution? Do you receive	any payment from the institution?
Attach a ledger sheet from the institution of your incarcero transactions	ation showing at least the past six months'
2. Are you currently employed? • Yes • No	
a. If the answer is "YES" state the amount of your tak and give the name and address of your employer.	e-home salary or wages and pay period a
b. If the answer is "NO" state the date of your last emp salary or wages and pay period and the name and ac	ddress of your last employer. 9/4/2005
3. In the past 12 twelve months have you received any money	from any of the following sources? • Yes
a. Business, profession or other self-employment	·· Yes @· No the fellenning
b. Rent payments, interest or dividends	•• Yes •• No of 64 000
c. Pensions, annuities or life insurance payments	·· Yes O· No
d. Disability or workers compensation payments	·· Yes O· No at the end
e. Gifts or inheritances f. Any other sources	•• Yes

If the answer to any of the above is "YES" describe each source of money and state the amount received AND what you expect you will continue to receive.

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DELAWARE (Rev.	4/	05)	



6. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support, OR state NONE if applicable.

None

I declare under penalty of perjury that the above information is true and correct.

DATE SIGNATURE OF APPLICANT

NOTE TO PRISONER: A Prisoner seeking to proceed without prepayment of fees shall submit an affidavit stating all assets. In addition, a prisoner must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.